

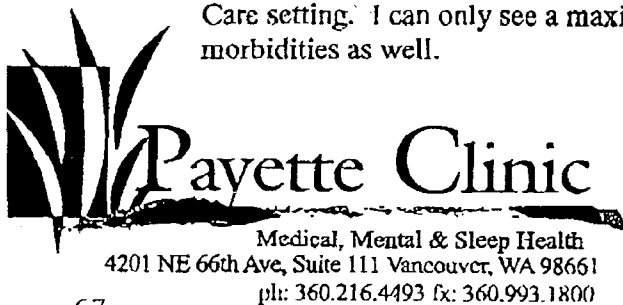
March 14, 2009

Dear Linda Patterson, RN, Health Care Investigator

I have in front of me your letter dated March 2, 2009 that you have requested a response to by March 18, 2009. I respectfully request a minimum of a month's reprieve. I have the answers you seek, I have done my homework and literature searches for years to justify each and every clinical decision I have ever made. I have updated material to send to you as well. I had every intention of coming into the practice today and sit down and methodically go through your entire series of questions and give you answers with a detailed bibliography; but my plans were changed today. Like so many of our days on earth, we set out with one set of priorities and goals to meet, and as RN's we know as the day progresses we have to change in mid-stream due to changes in patient condition, staff changes, so on and so forth.

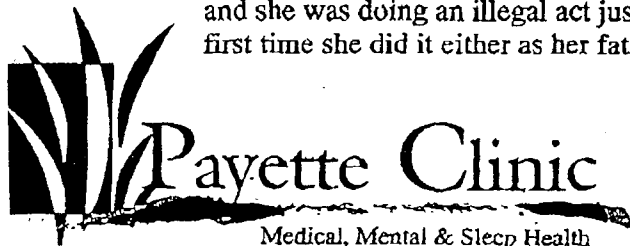
I beg your indulgence towards me. After this last set of board complaints, I very much doubt you will have another one against me after the next 30-60 days. It is with a very sorrow filled heart I have decided to stop treating intractable pain, with the exception of cancer and/or end-stage disease where society, pharmacists (and the policing agencies) understand there is no other option. Like many others before me (6 last year in Portland, OR), the pressures of continual board complaints, regardless if founded or not, and continual policing of patients, the 12 hour days/7 days a week of being a business owner has finally taken its toll on me and ultimately my family. I literally work more than 80 hours/week seeing patients and charting. I declare Uncle! If you are close to my age, you understand what that means. I give up. In the thirty years I have practiced nursing I have never been as embarrassed and humiliated as to have my name associated with that of being some sort of criminal. It is an embarrassment not only to me personally, but to us as a profession. The last thing I want to do is to endanger the ARNP status of having C-II prescription privileges. I consider our profession an honorable one. I am an honorable woman and I have never intentionally done anything to besmirch the reputation of either the Registered Nurse or the Advanced Registered Nurse Practice since I joined the ranks in 1979.

I am well aware of the consequences of having a lack of good chart notes. The longer I have been in this business, the longer the notes; the higher the dictation costs and everything associated with it. Wayne Carlson, PA-C (my last investigator) told me I had the very best notes he had ever seen. He had been auditing pain practices for years and had assumed the longer I was doing this, in time, things would let up and settle down. Unfortunately, he couldn't have been more wrong. I have a 2200 patient base with 800 pain patients between three practitioners. Pain patients are very difficult to recoup your money from when it is done correctly. We are not a 'pill mill.' And I believe any audit of financials or simply scheduling would prove that I did not do this for the sake of money; but because it was necessary to have this type of care in our area. I used to see 25-50 patients/day in an Urgent Care setting. I can only see a maximum of 16 pain patients per day because I treat all comorbidities as well.



I recently terminated a patient I had treated for more than three years. I terminated him from the practice because in the last year, he had been stopped by the police and had his medications confiscated. What's the likelihood of that? Twice he was arrested and let go for lack of evidence (distribution and illegal possession). While knowing these circumstances, it was too weird for me to continue seeing him. It was like a trap was being set by him or someone else and I was done with it and him. At first he was outraged and stunned and said I had no right to do that. "I never missed an appointment, my pill counts were always OK, My UA's were always OK, you have no right to take my medication relief away from me and not treat me anymore." I sent him a copy of his opioid contract about not losing control of his opioids and by doing so, he endangered the public. He subsequently made arrangements to see Dr. McClusky in Oregon, another clinic specializing in chronic pain. He called a month later telling my office manager that the police had finally approached him and told him that he was under surveillance every time he went to the pharmacy and that they deliberately took his medications from him. If he turned evidence against me that I was doing something illegal, all charges (whatever those might be) would be dropped. He told the manager all he told them was that he was in chronic pain and he had legitimate prescriptions and that all of their taking his medications now made it to where he was a permanent fixture in bed because of his pain because I had fired him because of what they did to him. He wasn't doing anything illegal with his medication, and I wasn't doing anything illegal in prescribing them to him. He thought I should know what was really going on and why it was always the police that was taking them from him. Quite frankly, while this might sound far fetched, all you have to do is look at any pain web site and find similar stories. They abound.

There appeared in today's Oregonian® an article. It pertained to the death of an 18 year old woman who was buying and smoking Oxycodone. At least one time she had bought (6) Oxycodone 30 mg tablets from someone who had bought it from a patient that Penny Steers was seeing on a regular basis. She ended up terminating this patient after he had a (+) urine for some illicit substance about a month before the story broke. We had no idea that one of our patients was involved in the death of another adult. But, before that happened, one of his pills was sold to this girl. That said, she was considered 'of age,' deliberately sought this particular pill out, bought six tablets and also gave them to two other friends. The newspaper detailed how to actually dissolve the tablet to make it more malleable, how to put it on tin foil and roll the foil, and then using a lighter, make the pill into an inhalant. The paper then goes on to explain the next step is to use a straw and suck and inhale. Being that the medication is inhaled, it bypasses the GI track and the liver for processing and is instantaneously in the blood and thus the brain. Her other two friends woke up from their experience; she was found dead and it now seems is some sort of martyr. When you take the time to think about all of this instead of reacting, you realize very quickly that it took no less than seven steps to do this illegal act. She was not the intended recipient of the medication and she was doing an illegal act just as much as the person who sold it to her. It was not the first time she did it either as her father is quoted as saying that he had found tin foil in her



Medical, Mental & Sleep Health  
4201 NE 66th Ave, Suite 111 Vancouver, WA 98661  
ph: 360.216.4493 fx: 360.993.1800

bedroom several times but didn't know what it meant. After reading 'HOW' to abuse the Oxycodone, the first question to pop into my head was, "Why in the hell don't you just put the Methamphetamine recipe on the front page as well?"

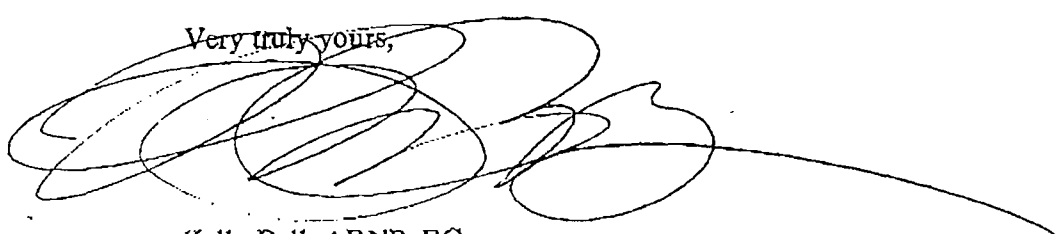
The article today was quite inflammatory as well. I have made multiple attempts to meet and speak with law enforcement over the four years I have been practicing. I finally had to go to the Governor's Counsel on Prescription Drug Abuse and Diversion and corner the Regional DEA agent in charge of the entire Northwest, Ruth Carter, to finally arrange a meeting. According to the Oregonian® though, I have been 'under investigation since 2006 by the DEA.'

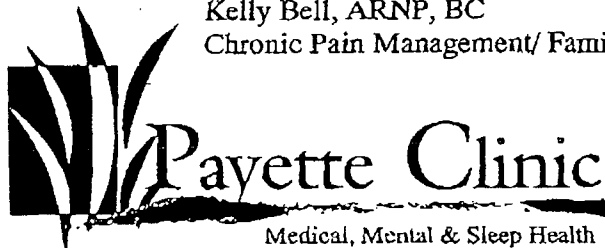
Until it is mandated to treat pain instead of ignoring it when the OTC's, prescription NSAIDs, Neuroleptics, and Antidepressants don't work, and there is simply no choice but to turn to what works because it is already in our brain and has no end-organ damage (unlike the afore mentioned drug classes), people will continue to die because they cannot bare not only the pain but the separation from everything else in their life because they can't leave their bedrooms or couches, go on disability when they could have continued to worked and be productive, and have no love life to speak of.

I will be retaining my current attorney.  
Don Grant of Grant & Elcock  
1101 Broadway  
Suite 250  
Vancouver, WA 09660

I have never felt the need to do this before and am not sure that the need is there now between me and the Board of Nursing. But since we will be undergoing a tremendous change in our practice and laying employees off (there are new government mandates regarding COBRA insurance), trying to find patients other places to go that seemingly do not exist at the present and putting so many into controlled withdrawals (using medications), it seems prudent for me to take this extra step. There may be claims of abandonment from patients that you will get a complaint about here and there. But in the meantime, I am going to be up to my eyeballs with a very frightened, angry, group of patients and being that all the correspondence will go through him, he'll help keep me 'on task' with your needs.

Very truly yours,

  
Kelly Bell, ARNP, BC  
Chronic Pain Management/ Family Practice



Medical, Mental & Sleep Health  
4201 NE 66th Ave, Suite 111 Vancouver, WA 98661  
ph: 360.216.4493 fx: 360.993.1800